

1. Thank you for agreeing to participate in this survey. The purpose of this survey is to learn how students in our schools feel about their community, family, peers, and school. The survey also asks about health behaviors.
2. The survey is completely voluntary and anonymous. **DO NOT** put your name on the questionnaire.
3. This is not a test, so there are no right or wrong answers. We would like you to work quickly so you can finish.
4. All of the questions should be answered by completely filling in one of the answer spaces. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank. You can skip any question that you do not wish to answer.
5. For questions that have the following answers: **NO! no yes YES!**
Mark (the BIG) **NO!** if you think the statement is **DEFINITELY NOT TRUE** for you.
Mark (the little) **no** if you think the statement is **MOSTLY NOT TRUE** for you.
Mark (the little) **yes** if you think the statement is **MOSTLY TRUE** for you.
Mark (the BIG) **YES!** if you think the statement is **DEFINITELY TRUE** for you.

Example: Chocolate is the best ice cream flavor.

☐ NO! ☐ no ☒ yes ☐ YES!

In the example above, the student marked "yes" because he or she thinks the statement is mostly true.
6. Please mark only one answer for each question by completely filling in the circle with a #2 pencil.

District:				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

- 6. What is the highest level of schooling completed by your mother or father?**
- ☐ Completed grade school or less
- ☐ Some high school
- ☐ Completed high school
- ☐ Some college
- ☐ Completed college
- ☐ Graduate or professional school after college
- ☐ Don't know
- ☐ Does not apply
- 7. Think of where you live most of the time. Which of the following people live there with you? (Mark all that apply.)**
- ☐ Mother
- ☐ Stepmother
- ☐ Foster Mother
- ☐ Grandmother
- ☐ Aunt
- ☐ Father
- ☐ Stepfather
- ☐ Foster Father
- ☐ Grandfather
- ☐ Uncle
- ☐ Other Adults
- ☐ Brother(s)
- ☐ Stepbrother(s)
- ☐ Sister(s)
- ☐ Stepsister(s)
- ☐ Other Children

ID

The next section asks about your experiences at school

	NO!	no	yes	YES!
8. In my school, students have lots of chances to help decide things like class activities and rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Teachers ask me to work on special classroom projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My teacher(s) notices when I am doing a good job and lets me know about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. There are lots of chances for students in my school to talk with a teacher one-on-one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I feel safe at my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The school lets my parents know when I have done something well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. My teachers praise me when I work hard in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are your school grades better than the grades of most students in your class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I have lots of chances to be part of class discussions or activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Now thinking back over the past year in school, how often did you:

Almost Always
Often
Sometimes
Seldom
Never

a. enjoy being in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. hate being in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. try to do your best work in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. How often do you feel that the school work you are assigned is meaningful and important?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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20. Putting them all together, what were your grades like last year?

- ☐ Mostly F's ☐ Mostly B's
☐ Mostly D's ☐ Mostly A's
☐ Mostly C's

21. How important do you think the things you are learning in school are going to be for your later life?

- ☐ Very important ☐ Slightly important
☐ Quite important ☐ Not at all important
☐ Fairly important

22. How interesting are most of your courses to you?

- ☐ Very interesting and stimulating ☐ Slightly dull
☐ Quite interesting ☐ Very dull
☐ Fairly interesting

23. During the LAST FOUR WEEKS how many whole days of school have you missed because you skipped or 'cut'?

- ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4-5 ☐ 6-10 ☐ 11 or more

The next questions ask about your feelings and experiences in other parts of your life

24. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:

Number of Friends

	0	1	2	3	4
a. participated in clubs, organizations or activities at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. tried beer, wine or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. made a commitment to stay drug-free?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. used marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. tried to do well in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. been suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. liked school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. carried a handgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. sold illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. regularly attended religious services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. been arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. dropped out of school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. What are the chances you would be seen as cool if you:

Very Good Chance
Pretty Good Chance
Some Chance
Little Chance
No or Very Little Chance

a. smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. worked hard at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. defended someone who was being verbally abused at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. smoked marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. used smokeless tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. carried a handgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. regularly volunteered to do community service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. How old were you when you first:

	Never	8 or Younger	9 or 10	11	12	13	14	15	16	17 or Older
a. smoked marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. smoked a cigarette, even just a puff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. used smokeless tobacco (dip, snuff, chew)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. used methamphetamines (meth, ice, crystal, or speed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. got suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. got arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. carried a handgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. attacked someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. How wrong do you think it is for someone your age to:

	Very Wrong	Wrong	A Little Bit Wrong	Not Wrong at All
a. take a handgun to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. steal anything worth more than \$5?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. pick a fight with someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. attack someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. stay away from school all day when their parents think they are at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. drink beer, wine or hard liquor (for example, vodka, whiskey, or gin) regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. use LSD, cocaine, amphetamines or another illegal drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. At school during the past 12 months, did you receive help from the resource teacher, speech therapist or other special education teacher?

☐ No ☐ Yes

29. How many times have you done the following things?

	Once a Week or More	2 or 3 Times a Month	About Once a Month	Less Than Once a Month	I've Done It, But Not in the Past Year	Never
a. done what feels good no matter what.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. done something dangerous because someone dared you to do it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. done crazy things even if they are a little dangerous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. How many times in the past year (12 months) have you:

	Never	1 to 2 Times	3 to 5 Times	6 to 9 Times	10 to 19 Times	20 to 29 Times	30 to 39 Times	40+ Times
a. been suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. carried a handgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. sold illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. participated in clubs, organizations or activities at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. been arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. done extra work on your own for school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. attacked someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. been drunk or high at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. volunteered to do community service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. taken a handgun to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Are you currently on probation, or assigned a probation officer with Juvenile Court?

☐ No ☐ Yes

32. Have you ever belonged to a gang?

☐ No ☐ Yes, belong now
☐ No, but would like to ☐ Yes, but would like to get out
☐ Yes, in the past

33. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians – whether or not they live with you. (Choose all that apply)

- ☐ No, I did not talk with my parents about the dangers of tobacco, alcohol, or drug use.
- ☐ Yes, I talked with my parents about the dangers of tobacco use.
- ☐ Yes, I talked with my parents about the dangers of alcohol use.
- ☐ Yes, I talked with my parents about the dangers of drug use.

34. During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been drinking alcohol?

- ☐ 0 times ☐ 4 or 5 times
- ☐ 1 time ☐ 6 or more times
- ☐ 2 or 3 times

35. During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who had been drinking alcohol?

- ☐ 0 times ☐ 4 or 5 times
- ☐ 1 time ☐ 6 or more times
- ☐ 2 or 3 times

36. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use?

- ☐ Never
- ☐ Before, but not in past year
- ☐ A few times in past year
- ☐ Once or twice a month
- ☐ Once or twice a week
- ☐ Almost every day

37. How often do you attend religious services or activities?

- ☐ Never ☐ 1-2 Times a Month
- ☐ Rarely ☐ About Once a Week or More

38. I do the opposite of what people tell me, just to get them mad.

- ☐ Very False ☐ Somewhat True
- ☐ Somewhat False ☐ Very True

39. I like to see how much I can get away with.

- ☐ Very False ☐ Somewhat True
- ☐ Somewhat False ☐ Very True

40. I ignore rules that get in my way.

- ☐ Very False ☐ Somewhat True
- ☐ Somewhat False ☐ Very True

	NO!	no	yes	YES!
41. I think sometimes it's okay to cheat at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. It is important to think before you act.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Sometimes I think that life is not worth it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. At times I think I am no good at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. All in all, I am inclined to think that I am a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. It is all right to beat up people if they start the fight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. I think it is okay to take something without asking if you can get away with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. Sometimes we don't know what we will do as adults, but we may have an idea. Please answer how true these statements may be for you. WHEN I AM AN ADULT I WILL:

	NO!	no	yes	YES!
a. smoke cigarettes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. drink beer, wine, or liquor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. smoke marijuana.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. How much do you think people risk harming themselves (physically or in other ways) if they:

	No Risk	Slight Risk	Moderate Risk	Great Risk
a. smoke one or more packs of cigarettes per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. use smokeless tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. try marijuana once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. smoke marijuana regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. use methamphetamines (meth, ice, crystal, or speed)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. have five or more drinks once or twice each weekend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On how many occasions (if any) have you:

OCCASIONS

	0	1-2	3-5	6-9	10-19	20-39	40+
51. had alcoholic beverages (beer, wine or hard liquor) to drink in your lifetime -- more than just a few sips?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. had beer, wine or hard liquor to drink during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. used marijuana in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. used marijuana during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. used LSD or other psychedelics in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. used LSD or other psychedelics during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. used cocaine or crack in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. used cocaine or crack during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. used phenoxydine (pox, px, breeze) in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. used phenoxydine (pox, px, breeze) during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. used methamphetamines (meth, speed, crank, crystal meth) in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. used methamphetamines (meth, speed, crank, crystal meth) during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. used stimulants other than methamphetamines (such as amphetamines, Ritalin, or Dexedrine) without a doctor telling you to take them, in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. used stimulants other than methamphetamines (such as amphetamines, Ritalin, or Dexedrine) without a doctor telling you to take them, during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. used sedatives (tranquilizers, such as valium or xanax, barbiturates, or sleeping pills) without a doctor telling you to take them, in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. used sedatives (tranquilizers, such as valium or xanax, barbiturates, or sleeping pills) without a doctor telling you to take them, during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. used heroin or other opiates in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. used heroin or other opiates during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. used MDMA ('X', 'E', or ecstasy) in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. used MDMA ('X', 'E', or ecstasy) during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

73. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

- | | |
|--------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> 3-5 times |
| <input type="checkbox"/> Once | <input type="checkbox"/> 6-9 times |
| <input type="checkbox"/> Twice | <input type="checkbox"/> 10 or more times |

74. Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)?

- | | |
|--|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Regularly in the past |
| <input type="checkbox"/> Once or Twice | <input type="checkbox"/> Regularly now |
| <input type="checkbox"/> Once in a while but not regularly | |

75. How frequently have you used smokeless tobacco during the past 30 days?

- | | |
|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> 3 to 5 times per week |
| <input type="checkbox"/> Once or twice | <input type="checkbox"/> About once a day |
| <input type="checkbox"/> Once or twice per week | <input type="checkbox"/> More than once a day |

76. Have you ever smoked cigarettes?

- | | |
|--|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Regularly in the past |
| <input type="checkbox"/> Once or Twice | <input type="checkbox"/> Regularly now |
| <input type="checkbox"/> Once in a while but not regularly | |

77. During the past 30 days, on how many days did you smoke cigarettes?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 10 to 19 days |
| <input type="checkbox"/> 1 or 2 days | <input type="checkbox"/> 20 to 29 days |
| <input type="checkbox"/> 3 to 5 days | <input type="checkbox"/> All 30 days |
| <input type="checkbox"/> 6 to 9 days | |

78. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- ☐ I did not smoke cigarettes during the last 30 days
☐ Less than 1 cigarette per day
☐ 1 cigarette per day
☐ 2 to 5 cigarettes per day
☐ 6 to 10 cigarettes per day
☐ 11 to 20 cigarettes per day
☐ More than 20 cigarettes per day

These questions ask about the neighborhood and community where you live

79. How wrong would most adults (over 21) in your neighborhood think it is for kids your age:

	Not Wrong at All	A Little Bit Wrong	Wrong	Very Wrong
a. to use marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. to drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. to smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

80. How much do each of the following statements describe your neighborhood?

	NO!	no	yes	YES!
a. crime and/or drug selling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. fights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. lots of empty or abandoned buildings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. lots of graffiti.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

81. If I had to move, I would miss the neighborhood I now live in.

NO!	no	yes	YES!
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

82. My neighbors notice when I am doing a good job and let me know about it.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

83. I like my neighborhood.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

84. There are lots of adults in my neighborhood I could talk to about something important.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

85. I'd like to get out of my neighborhood.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

86. There are people in my neighborhood who are proud of me when I do something well.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

87. There are people in my neighborhood who encourage me to do my best.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

88. I feel safe in my neighborhood.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

89. Which of the following activities for people your age are available in your community?

- | | | |
|-------------------------|-----------------------------|------------------------------|
| a. sports teams | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| b. scouting | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| c. boys and girls clubs | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| d. 4-H clubs | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| e. service clubs | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

NO! no yes YES!

90. If a kid smoked marijuana in your neighborhood would he or she be caught by the police?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

91. If a kid smoked cigarettes in your neighborhood, would he or she be caught by the police?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

92. If a kid drank some beer, wine or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood would he or she be caught by the police?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

93. If a kid carried a handgun in your neighborhood would he or she be caught by the police?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

**Very Easy
Sort of Easy
Sort of Hard
Very Hard**

94. If you wanted to get some cigarettes, how easy would it be for you to get some?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

95. If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

96. If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

97. If you wanted to get a handgun, how easy would it be for you to get one?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

98. If you wanted to get some marijuana, how easy would it be for you to get some?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

99. If you wanted to get some methamphetamine, how easy would it be for you to get some?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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The next few questions ask about your family

100. How wrong do your parents feel it would be for YOU to:

**Not Wrong at All
A Little Bit Wrong
Wrong
Very Wrong**

a. drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

b. smoke cigarettes?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

c. use smokeless tobacco?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

d. smoke marijuana?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

e. steal something worth more than \$5?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

f. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

g. pick a fight with someone?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

101. Have any of your brothers or sisters ever:

	I don't have any Brothers or Sisters	
	Yes	No
a. drunk beer, wine or hard liquor (for example, vodka, whiskey or gin)?	<input type="checkbox"/>	<input type="checkbox"/>
b. smoked marijuana?	<input type="checkbox"/>	<input type="checkbox"/>
c. used smokeless tobacco?	<input type="checkbox"/>	<input type="checkbox"/>
d. smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>
e. taken a handgun to school?	<input type="checkbox"/>	<input type="checkbox"/>
f. been suspended or expelled from school?	<input type="checkbox"/>	<input type="checkbox"/>

	NO!	no	yes	YES!
102. The rules in my family are clear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103. People in my family often insult or yell at each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104. When I am not at home, one of my parents knows where I am and who I am with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105. We argue about the same things in my family over and over.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106. If you drank some beer or wine or liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107. My family has clear rules about alcohol and drug use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108. My family has clear rules about cigarette and tobacco use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109. If you carried a handgun without your parents' permission, would you be caught by your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110. If you skipped school would you be caught by your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111. Do you feel very close to your mother?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112. Do you share your thoughts and feelings with your mother?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113. My parents ask me what I think before most family decisions affecting me are made.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114. Do you share your thoughts and feelings with your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115. Do you enjoy spending time with your mother?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116. Do you enjoy spending time with your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117. If I had a personal problem, I could ask my mom or dad for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	NO!	no	yes	YES!
118. Do you feel very close to your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119. My parents give me lots of chances to do fun things with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120. My parents ask if I've gotten my homework done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121. People in my family have serious arguments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122. Would your parents know if you did not come home on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123. It is important to be honest with your parents, even if they become upset or you get punished.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

124. My parents notice when I am doing a good job and let me know about it.

- ☐ Never or Almost Never
 ☐ Often
☐ Sometimes
 ☐ All the Time

125. How often do your parents tell you they're proud of you for something you've done?

- ☐ Never or Almost Never
 ☐ Often
☐ Sometimes
 ☐ All the Time

126. During a typical week, how many times do all or most of your family that live in your home eat dinner together?

- ☐ 0
 ☐ 1
 ☐ 2
 ☐ 3
 ☐ 4
 ☐ 5
 ☐ 6
 ☐ All 7 days

127. If you drank ALCOHOL (beer, wine, or hard liquor) and not just a sip or taste in the past year, how did you USUALLY get it? (Choose all that apply.)

- ☐ I did not drink alcohol in the past year
☐ I bought it myself with a fake ID
☐ I bought it myself without a fake ID
☐ I got it from someone I know age 21 or older
☐ I got it from someone I know under age 21
☐ I got it from my brother or sister
☐ I got it from home with my parents' permission
☐ I got it from home without my parents' permission
☐ I got it from another relative
☐ A stranger bought it for me
☐ I took it from a store or shop
☐ Other

128. How many times have you changed homes since kindergarten?

- ☐ Never
 ☐ 5 or 6 times
☐ 1 or 2 times
 ☐ 7 or more times
☐ 3 to 5 times

129. Has anyone in your family ever had severe alcohol or drug problems?

- ☐ No
 ☐ Yes

130 About how many adults (over 21) have you known personally who in the past year have:

Number of Adults

	0	1	2	3-4	5+
a. used marijuana, crack, cocaine, or other drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. sold or dealt drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. gotten drunk or high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask about tobacco use

131. During the past 30 days, have you seen any of the following groups smoking cigarettes on school property? (Mark all that apply)

- ☐ Students
- ☐ Teachers
- ☐ Other people who work at school
- ☐ People who don't work at school
- ☐ I have not seen anybody smoking on school property

132. During the past 30 days, have you been with someone who was smoking? This could be at home, school, or any other place. (Mark all that apply)

- ☐ Yes, I was in the same room
- ☐ Yes, I was in a car
- ☐ No, I was not around anybody who smoked

133. Do you think the smoke from other people's cigarettes is harmful to you?

- ☐ Definitely yes
- ☐ Probably yes
- ☐ Probably not
- ☐ Definitely not

134. Not counting yourself, does anyone who lives in your home do the following? (Mark all that apply)

- ☐ Smoke cigarettes
- ☐ Chew tobacco, snuff, or dip
- ☐ No one smokes or chews tobacco in my home

135. During the past 30 days, how did you usually get your own chewing tobacco, snuff, or dip?

- ☐ I did not use chew, snuff, or dip in the past 30 days
- ☐ I bought it in a store
- ☐ I stole it
- ☐ I got it from someone else
- ☐ I got it in some other way
- ☐ I gave someone else money to buy it for me
- ☐ A person 18 years old or older gave it to me

136. During the past 30 days, how did you usually get your own cigarettes?

- ☐ I did not smoke cigarettes in the past 30 days
- ☐ I bought them in a store
- ☐ I stole them
- ☐ I got them from someone else
- ☐ I got them in some other way
- ☐ I gave someone else money to buy them for me
- ☐ A person 18 years old or older gave them to me

137. When you bought or tried to buy cigarettes in a store during the past 30 days, were you ever asked to show how old you were?

- ☐ I did not buy cigarettes
- ☐ No, I was not asked to show proof of my age
- ☐ Yes, I was asked to show proof of my age

138. How honest were you in filling out this survey?

- ☐ I was very honest
- ☐ I was honest pretty much of the time
- ☐ I was honest some of the time
- ☐ I was honest once in a while
- ☐ I was not honest at all

Thank you for completing the survey